

## Application Data Sheet

### **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Title:: Joint Prosthesis with Infinitely Positionable Head

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 3

Small Entity:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship Country: US

Status:: Full Capacity

Given Name: Jeff

Family Name:: Ondrla

City of Residence:: Leesburg

State or Province of Residence:: IN

Country of Residence:: US  
Street of mailing address:: 6132 E 450 N.  
City of mailing address:: Leesburg  
State or Province of mailing address:: IN  
Postal or Zip Code of mailing address:: 46538

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name: Gerald Ross  
Family Name:: Williams, Jr.  
City of Residence:: Villanova  
State or Province of Residence:: PA  
Country of Residence:: US  
Street of mailing address:: 859 Lesley Road  
City of mailing address:: Villanova  
State or Province of mailing address:: PA  
Postal or Zip Code of mailing address:: 19085

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name: Joseph Paul

Family Name:: Iannotti  
City of Residence:: Solon  
State or Province of Residence:: OH  
Country of Residence:: US  
Street of mailing address:: 7426 Stockwood Drive  
City of mailing address:: Solon  
State or Province of mailing address:: OH  
Postal or Zip Code of mailing address:: 44139

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country: US  
Status:: Full Capacity  
Given Name: Paul  
Family Name:: Gibons  
City of Residence:: Addingham Iikley  
State or Province of Residence:: Yorks  
Country of Residence:: England  
Street of mailing address:: 29 Main Street  
City of mailing address:: Addingham Iikley  
State or Province of mailing address:: Yorks  
Postal or Zip Code of mailing address::

**Correspondence Information**

Correspondence Customer Number:: 28078

Name:: Paul J. Maginot

Street of mailing Address:: 111 Monument Circle, Suite 3000

City of mailing Address:: Indianapolis

State or Province of mailing address:: IN

Country of mailing address:: US

Postal or Zip Code of mailing address:: 46204-5115

Phone number:: 317-638-2922

Fax number:: 317-638-2139

E-mail address:: [pjmaginot@maginot.com](mailto:pjmaginot@maginot.com)

**Representative Information**

Representative Customer Number:	28078
---------------------------------	-------

**Domestic Priority Information**

Application::	Continuity Type:	Parent Application::	Parent Filing Date::